

13281 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 402978/M&C

Client Reference No.

First Inventor Kwok Kuen SO

Title EGG YOLK SEPARATOR

Express Mail Label No.

22857 U.S. PTO

10/777139

021304

APPLICATION ELEMENTS

1. ☒ Utility Patent Application Transmittal Form
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification (including claims and abstract) [Total Pages 12]
4. ☒ Drawings [Total Sheets 2]
5. ☒ Combined Declaration and Power of Attorney [Total Pages 3]
 - a. ☒ Newly executed
 - b. ☐ Copy from prior application [Note Box 6 below]
 - i. ☐ Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application
6. ☐ Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference.
7. ☒ Application Data Sheet. See 37 CFR 1.76
8. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9. Nucleotide and/or Amino Acid Sequence Submission
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper Copy
 - c. ☐ Statement verifying identity of above copies

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ACCOMPANYING APPLICATION PARTS

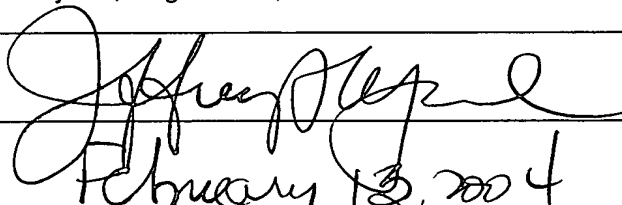
10. ☐ Applicant requests early publication. (include publication fee under 37 CFR 1.18(d))
11. ☐ Assignment Papers (cover sheet and document(s))
12. ☐ 37 CFR 3.73(b) Statement (when there is an Assignee)
13. ☐ Power of Attorney
14. ☐ English Translation Document (if applicable)
15. ☐ Information Disclosure Statement (IDS)
 - ☐ Form PTO-1449
 - ☐ Copies of Listed Documents
16. ☒ Preliminary Amendment
17. ☒ Return Receipt Postcard (Should be specifically itemized)
18. ☐ Claim of Priority & Certified Copy of Priority Document(s)
19. ☐ Request & Certification Under 35 USC 122(b)(2)(B)(i) (Form PTO/SB/35 or its equivalent attached)
20. ☐ Other:

21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application no. _____
Prior application information: Examiner _____ ; Group Art Unit: _____

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APPLICATION FEES				
BASIC FEE				\$770.00
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	
Total Claims	10 -20=		x \$18.00	\$
Independent Claims	1 - 3=		x \$86.00	\$
<input type="checkbox"/> Multiple Dependent Claim if applicable			+\$290.00	\$
Total of above calculations =				\$770.00
Reduction by 50% for filing by small entity =				\$ ()
<input type="checkbox"/> Assignment fee if applicable			+\$40.00	\$
<input type="checkbox"/> Early publication fee if applicable			+\$300.00	\$
TOTAL =				\$810.00
22. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 12-1216 in the amount of \$810.00.				
23. <input type="checkbox"/> A check in the amount of \$ is enclosed.				
24. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:				
a. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.16.				
b. <input type="checkbox"/> Fees required under 37 CFR 1.17.				
25. <input type="checkbox"/> The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 12-1216 for any fee that may be due in connection with such a request for an extension of time.				
26. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 23548		<input type="checkbox"/> Jeffrey A. Wyand, Reg. No. 29,458		
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Name	Jeffrey A. Wyand, Reg. No. 29,458			
Signature				
Date	February 12, 2004			